

## Regional Collaborative Summit 2017 Southeastern Health Collaborative Update

### 1. What successes are you having in your RC's

The leadership of the Southeastern Health Collaborative structured our RC into three tiers:

- a. **Executive Committee:** Chair, Co-Chair, District Director, Community Health Director, SHIP Manager, SHIP QI Specialist, and SHIP Administrative Assistant. **Function:** Provide regional collaborative leadership and direction, support the goals of the SHIP
- b. **Clinic Committee:** Executive Committee members plus representatives from Cohorts. **Function:** Support PCMH transformation efforts, inform the Medical Health Neighborhood, support the goals of the SHIP, provide opportunities for shared learning and peer support.
- c. **Medical Health Neighborhood:** Broad membership that changes based on interest and topical focus. **Function:** Identify and address healthcare and community service opportunities and gaps that impact patient outcomes in our region. Create linkages between clinical and community stakeholders and collaborate on improving identified health priorities in our region.

Meetings since August 2015

Executive Committee	Clinic Committee	MHN	Total
17	5	4	26

Our QI Specialist provided transformation support to 6 SHIP clinics during cohort 1 and continues to provide additional support as they work toward transformation. She is working with 9 additional clinics in cohort 2 as they work toward patient-centered care.

Our recruitment outlook for the 3<sup>rd</sup> SHIP cohort is strong and we have targeted recruitment plans that will be implemented over the next few months.

We have found value in creating a venue (the clinic committee) for SHIP clinics to come together to share their unique experience, challenges, and successes with one another and have truly appreciated the collaborative spirit that turns open sharing into problem solving and shared solutions. We also brought cohort 1 together with cohort 2 clinics in February so that incoming SHIP clinics could benefit from the experience of cohort 1 staff. This was successful and we will invite both cohort 1 and cohort 2 clinics to meet with newly selected SHIP clinics for cohort 3.

Since the last learning collaborative we have shifted the focus of our Medical Health Neighborhood. Prior to 2017, our Medical Health Neighborhood meetings focused on educating our region about SHIP, population health, the Medical Health Neighborhood concept, and identifying our regional health priorities through available health data reports. Now that that foundational work is completed, we have shifted our focus, and each of our quarterly meetings center on a regional health priority. The health priorities we have identified for this year's quarterly meetings are: Heart disease in March, Diabetes in June, Suicide Prevention in September, and a review of regional health data in December that will set our priorities for the 2018 Medical Health Neighborhood meetings. These health-priority focused meetings allow us to highlight innovative work that is being done in our area related to the health concern, to

increase awareness of clinical and non-clinical community supports available in our region, and to explore new ideas for collaboration. I believe our clinical and community service organizations are capturing a vision for what can be accomplished together in our Medical Health Neighborhood.

I would also highlight the relationship we have with Idaho State University as a key success in engaging stakeholders and supporting PCMH workforce development. The Southeastern Idaho Public Health SHIP team has provided presentations to students in Health Education and Promotion, Healthcare Administration, Nursing, Medical Assistants, and pharmacy. This has allowed us to present on SHIP, health reform efforts in Idaho and nationally, population health management, opportunities for better care with electronic health records, work flow processes, team-based care, quality improvement, and introducing the PCMH model of care. We will continue these efforts and expand them to include counseling and social work students. We are currently exploring opportunities with the doctorate program in nursing and may have a student working with our clinics on a research project. Most recently, I was able to present to the local chapter of the Medical Assisting Professional Organization and have been invited to speak at their state conference in 2018. We believe, and ISU faculty and program directors seem to agree, that there is great value in introducing PCMH concepts to health professions students in training. Some students have said they will specifically look for work in organizations that deliver patient-centered care. Our intent is to build familiarity with PCMH, quality improvement, population health management, and care coordination among allied health students so that they will be better positioned to serve in the 165 PCMHs in Idaho post-SHIP.

- a. What would you like to see sustained after the ending of the SHIP?
  - Continued convening of Medical Health Neighborhood meetings in a neutral location with neutral/objective leadership. Should focus on all population groups, strengthen relationships across Medical Health Neighborhood (clinical and community), and should strive to include and create opportunities for rural service providers.
  - Continued PCMH transformation support for SHIP clinics and other clinics in our region interested in delivering PCMH care.
  - Continued efforts with ISU to support the creation of a workforce well-prepared to deliver patient-centered care to the 165 SHIP clinics (and other new PCMH practices) in Idaho.
2. General update on the work that is being done in regards to your region and your master grant and if applicable your supplemental subgrant.
  - C-SSRS
  - Suicide Prevention for Rural Primary Care Practices
  - Project ChildSafe
  - RBHB
  - Crisis Center Committee
  - Likely continue suicide prevention efforts with next RC grant
3. Evolution of RC's since last RC Summit. *Attached is the RC Summit meeting summary and Function, Role, and Value of regional collaboratives from the 2016 RC Summit for review.*

Answered in question 1.